

# Wickliffe Mounds State Historic Site

94 Green Street—PO Box 155—Wickliffe KY 42087 • 270-335-3681 • carla.hildebrand@ky.gov • parks.ky.gov



## WHAT:

An exciting and educational summer day camp will provide children a hands-on learning experience about Mississippian Native American culture, archaeology, and the natural environment. The day camp will have interactive activities such as guided tours, making clay pots & beaded necklaces, experiencing a mock archaeological dig and replica artifact analysis, playing Native American games and demonstrations at a kid's level.

## WHEN:

- Camp I for ages 7-9: **June 10-11-12, 2015** (Wed-Thurs-Fri) 9:00 a.m. to 3:00 p.m.
- Camp II for ages 10-12: **June 24-25-26, 2015** (Wed-Thurs-Fri) 9:00 a.m. to 3:00 p.m.

## COST:

- \$100 per child. Multi-child discount—Save \$10 for a cost of \$90 per child
- Payments must be received prior to camp session to reserve your spot.

## DETAILS:

- Children need to bring a sack lunch each day and dress for outdoor weather
- Each camp is overseen by park staff
- Drop off beginning 8:45 a.m. and pick up no later than 3:30 p.m.
- Each child receives a camp t-shirt and family season pass to Wickliffe Mounds

## REGISTRATION:

- Call Wickliffe Mounds at 270-335-3681 or mail registration form to the park
- Limited to 10 children per session, so sign up early to reserve your spot
- Registration deadlines: Camp I is June 5 and Camp II is June 19

## ARCHAEOLOGY ADVENTURE DAY CAMP FOR KIDS



### Registration Form—Archaeology Adventure Day Camp for Kids at Wickliffe Mounds State Historic Site

Please check:

\_\_\_\_\_ Camp I—June 10-11-12 (ages 7-9) \_\_\_\_\_ Camp II — June 24-25-26 (ages 10-12)  
\_\_\_\_\_ One Child \$100 \_\_\_\_\_ Multi-Child \$90 per child

Make checks payable to: *Wickliffe Mounds State Park*

Child's Name \_\_\_\_\_ Child's age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email addresses \_\_\_\_\_

Emergency Contacts: Please provide two contacts with name and phone

Name and Phone \_\_\_\_\_

Name and Phone \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_

Is your child on medication? \_\_\_\_\_

\_\_\_\_\_ Payment Method: \_\_\_\_\_ Cash (pay in person) \_\_\_\_\_ Check \_\_\_\_\_ Credit Card (call park for credit card payments)